

WISCONSIN MEDICAID

PRIOR AUTHORIZATION / HEALTH AND BEHAVIOR INTERVENTION ATTACHMENT (PA/HBA)

Providers may submit the completed prior authorization (PA) request by fax to Wisconsin Medicaid at (608) 221-8616 or by mail to Wisconsin Medicaid, Prior Authorization, Suite 88, 6406 Bridge Road, Madison, WI 53784-0088. **Instructions:** Type or print clearly. Before completing this form, read the Prior Authorization/Health and Behavior Intervention Attachment (PA/HBA) Completion Instructions, HCF 11088A.

SECTION I — RECIPIENT INFORMATION

1. Name — Recipient (Last, First, Middle Initial)	2. Date of Birth — Recipient	3. Recipient's Medicaid Identification Number
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SECTION II — PROVIDER INFORMATION

4. Name — Performing Provider	5. Performing Provider's Medicaid Provider Number
6. Telephone Number — Performing Provider	7. Credentials — Performing Provider

SECTION III — CLINICAL INFORMATION

8. Physical Health Diagnosis Related to the Need for Health and Behavior Interventions

9. Biopsychosocial Factors Related to the Recipient's Physical Health Status

10. Treatment Modalities

11. Treatment Schedule

12. Recipient's Measurable Goals of Treatment Modalities

13. Anticipated Duration of Treatment

14. **SIGNATURE** — Performing Provider

15. Date Signed